



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**RBEM631V3027101**  
**Job Sheet 173771**



Part No: RBEM631V3027101

Job Qty: 1 ea

Part Name: Torlon Bush Exchange



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/7/18

Job Tracking No:

Due Date: 5/10/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG RBEM631V3027101 REV 1 IPP REV A 18.03.05 NEW ISSUE FK VERIFY DP

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off      |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|---------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |               |
| 90    | Start up Operation | 1 Ea  |            | 5/9/18   | 0.00      | 0.00    | Start Up Small Fab-4  |           | MLC           |
| 100   | Small Fab          | 1 pcs |            | 5/10/18  | 0.08      | 0.50    | Small Fab-9           |           | MLC           |
| 110   | QC                 | 1 pcs |            | 5/10/18  | 0.00      | 0.00    | QC5                   |           | SL            |
| 130   | Packaging          | 1 pcs |            | 5/10/18  | 0.00      | 0.00    | Packaging3-2          | GA        | SL            |
| 140   | QC21-FG            | 1 Ea  |            | 5/10/18  | 0.00      | 0.00    | QC21                  |           | inf. 18/05/18 |

Part Op 100 - 1- Engrave placard RB41011 using marktronic engraver 2- Transfer drill Dart placard RB41011 into Pelican case  
Descriptions: APP-1150-E 3- Deburr holes and remove chips from case. 4- Rivet Dart placard to Pelican case 5- Pack case as per DWG.  
130 - Identify and Stock

### Job BOM

| Part / Item       | Component Name                           | Quantity    | Operation             | Container |
|-------------------|------------------------------------------|-------------|-----------------------|-----------|
| RB41011           | Dart Tooling Placard, Aluminum           | 1 Ea (1 ea) | 90-Start up Operation | 50 21040  |
| 91292A127         | Socket Head Cap Screw, M5 x 0.8mm x 18mm | 1 Ea (1 ea) | 100-Small Fab         | 5050194   |
| 97524A032         | Blind Rivet                              | 4 Ea (4 ea) | 100-Small Fab         | 5016493   |
| APP-1150-E        | Case                                     | 1 Ea (1 ea) | 100-Small Fab         | 5055631   |
| RBEM631V3027101-1 | Threaded Half                            | 1 Ea (1 ea) | 100-Small Fab         | 5067018   |
| RBEM631V3027101-3 | Counterbore Half                         | 1 Ea (1 ea) | 100-Small Fab         | 5067024   |
| RBEM631V3027101-7 | Bottom Foam                              | 1 (1 ea)    | 100-Small Fab         | 5055632   |
| RBEM631V3027101-9 | Top Foam                                 | 1 (1 ea)    | 100-Small Fab         | 5055633   |

### Job Allocations

| Operation             | Component Part    | Required | Inventory | Allocated |
|-----------------------|-------------------|----------|-----------|-----------|
| 90-Start up Operation | RB41011           | 1        | 943       | 0         |
| 100-Small Fab         | 91292A127         | 1        | 0         | 0         |
|                       | 97524A032         | 4        | 251       | 0         |
|                       | APP-1150-E        | 1        | 0         | 0         |
|                       | RBEM631V3027101-1 | 1        | 0         | 0         |
|                       | RBEM631V3027101-3 | 1        | 0         | 0         |
|                       | RBEM631V3027101-7 | 1        | 0         | 0         |
|                       | RBEM631V3027101-9 | 1        | 0         | 0         |

### Part Specifications

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br>Sk _____<br>Ma _____<br>Thermo _____<br>L _____<br>C _____<br>Water Jet <input type="checkbox"/> Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Step #: _____                                                                                                                                                                      | SI042) Approval                                                                                                                                                                                                                                      |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <b>Description Work Order Deviation</b><br><br><div style="height: 200px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    | Completed By _____<br><br>hand / Supervisor Approval Verification _____<br><br>C / QA Coordinator Approval _____                                                                                                                                     |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Root Cause</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">Environment</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">No Re-verification</td> <td style="width: 15%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/Setup</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Testing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Information</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                      | Root Cause               |  |  |  | Environment | <input type="checkbox"/> | No Re-verification | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                      |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                           | No Re-verification                                                                                                                                                                                                                                   | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                           | Operator                                                                                                                                                                                                                                             | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | Offset/Setup                                                                                                                                                                                                                                         | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | Supplier                                                                                                                                                                                                                                             | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Training                                                                                                                                                                                                                                             | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | Use for Testing                                                                                                                                                                                                                                      | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Poor Information                                                                                                                                                                                                                                     | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                           | Rushing                                                                                                                                                                                                                                              | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                           | Product Improvement                                                                                                                                                                                                                                  | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                           | Process Improvement                                                                                                                                                                                                                                  | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process                                                                                                                                                                                                                                | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | Past Due                                                                                                                                                                                                                                             | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Pressure/Forced <input type="checkbox"/> Ter _____<br>Bending <input type="checkbox"/> Se _____<br>Centre Not Concentric <input type="checkbox"/> BC _____<br>Cracks <input type="checkbox"/> Br _____<br>Crimp/Kink/Ripple/Wave <input type="checkbox"/> Ir _____<br>Cuffs <input type="checkbox"/> C _____<br>Crushing <input type="checkbox"/> ) _____<br>Heat Treat <input type="checkbox"/> _____<br>Wave/Twist in Tube <input type="checkbox"/> _____<br>Marks/Chatter <input type="checkbox"/> _____<br>Drill Holes <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    | Positioned Wrong _____<br>Outside Dimensions _____<br>Over/Under tolerance _____<br>Part Incorrect _____<br>Part Lost/Missing _____<br>Part Moved _____<br>Drawing _____<br>Finish _____<br>Misread _____<br>Turning Sequence _____                  |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |



Specifications could not be found.

*Plex 3/7/18 8:16 AM Dart.lajeunesse.marie*



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |